

## PART B - FEE(S) TRANSMITTAL

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**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address, and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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22913 7590 04/16/2009

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Matthew B. Skaggs

(Depositor's name)



(Signature)

July 15, 2009

(Date)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO	CONFIRMATION NO
10/749,346	12/30/2003	Daniel F. Justin	13447.40	8202

TITLE OF INVENTION: TIBIAL CONDYLAR HEMIPLASTY IMPLANTS, ANCHOR ASSEMBLIES, AND RELATED METHODS

APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	07/16/2009
EXAMINER	ART UNIT	CLASS-SUBCLASS				
STEWART, ALVIN J	3774	623-020170				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

1. BAKER & DANIELS LLP

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

2.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

ZIMMER, INC.

Warsaw, Indiana USA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

Issue Fee

A check is enclosed.

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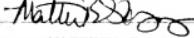
The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-0385 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE. The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

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Date

July 15, 2009

Typed or printed name

MATTHEW B. SKAGGS

Registration No.

55,814

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity)  
(37 C.F.R. 1.311)

Docket No.

ZIM0762-03

Applicant(s): Daniel F. Justin et al.

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/749,346	December 30, 2003	Alvin J. Stewart	43963	3774	8202

Invention: TIBIAL CONDYLAR HEMIPLASTY IMPLANTS, ANCHOR ASSEMBLIES, AND RELATED METHODS

Mail Stop Issue Fee  
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Alexandria, VA 22313-1450

Transmitted herewith are the following for the above-identified application.

Issue Fee Transmittal Form PTO-85

Utility Fee: \$ 1510.00  Design Fee: \_\_\_\_\_  Plant Fee: \_\_\_\_\_

Publication Fee: \$ 300.00

A check in the amount of \_\_\_\_\_ is attached.

The Director is hereby authorized to charge and credit Deposit Account No. 02-0385 as described below.

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Signature

Dated: JULY 15, 2009

Matthew B. Skaggs, Reg. No. 55,814  
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TX: 260-424-8000  
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